

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041886

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10403

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 2 Wks.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Opel		4. DATE OF DEATH Month Day Year Oct. 18 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Vaughan Coffee	
11. BIRTHPLACE (City and state or country) Coal County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel Opel		13b. MOTHER'S MAIDEN NAME Rosina Haeger	
14. NAME OF HUSBAND OR WIFE Collette Opel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. No		17. INFORMANT Raymond F. Opel, 2634 Gurney Ct.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Chronic Coronary Heart Disease DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10/4/63 to 10/18/63 and last saw him alive on 10/17/63 Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert J. Kerner, M.D.		22b. ADDRESS 119 Church St. Ferguson 35, Mo	
22c. DATE SIGNED (State) 10/18/63		23a. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	
23b. LOCATION (city, town, or county) Boone County		23c. DATE RECD. BY LOCAL REG. OCT 19 1963	
23d. REGISTRAR'S SIGNATURE Coan Smith, M.D.		24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.	
25. DATE OF BURIAL, CREMATION, REMOVAL (Specify) removal (motor) 10-21-63		26. REGISTRAR'S SIGNATURE Coan Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

HA2110-001

00101

8001

811

Dr. Robert Ramsey
119 Church St.
Ja 4-0560
Hrs. After 2 Fri.
Sat. 10-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Warren A. Carver

Licensed Embalmer No. 353 x

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.